
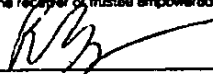


**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90191 008 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L05000044079</b>			
1. Entity Name <b>FORT KNOX SELF STORAGE II, LLC</b>			
Principal Place of Business <b>1020 LAKE SUMTER LANDING THE VILLAGES, FL 32162</b>		Mailing Address <b>1682 EAST GUDE DRIVE, SUITE 201 ROCKVILLE, MD 20850</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>84-1678218</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SKATES, JEFFREY P 1028 LAKE SUMTER LANDING THE VILLAGES, FL 32162</b>		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: <b>FL</b> Zip Code: _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title of applicant. (NOTE: Registered Agents signature required when renewing)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member (Managing) <input type="checkbox"/> Delete <b>James H. Farr 1020 Lake Sumter Landing The Villages FL 32162</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	managing member <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	member <input type="checkbox"/> Delete <b>AIA Self Storage, Inc. 1682 E. Gude Drive Rockville, MD 20850</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	managing member <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: <b>2/10/06</b> 301-762-1030	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			



ATTACHMENT

30002739

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

FORT KNOX STORAGE II, LLC  
1682 EAST GUDE DRIVE, SUITE 201  
ROCKVILLE, MD 20850

Subject: **FORT KNOX SELF STORAGE II, LLC**

Reference Number: - **L05000044079**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION



ATTACHMENT

30002739

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

FORT KNOX STORAGE II, LLC  
1682 EAST GUDE DRIVE, SUITE 201  
ROCKVILLE, MD 20850

Subject: **FORT KNOX SELF STORAGE II, LLC**

Reference Number: **L05000044079**

~~Please be advised~~, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314